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Storying Meaning in Hospice Patient Biographies

A thesis submitted to Massey University of Palmerston North in partial fulfilment of the requirements for the degree of Masters of Arts and Psychology.

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He who has a why to live can bear
with almost any how

(Nietzsche, cited in Frankl, 1964)

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ABSTRACT

The importance of meaning in life has been emphasised in the writings of many existentialists. Furthermore, serious repercussions have been associated with loss of meaning. Postulated life-enhancing qualities of discovering meaning in life make this an especially critical issue for the dying. A sense of meaning in late-stage disease is an important focus for therapeutic exchange. A notable method which has been shown to facilitate this is the production of a life story (Lewis, 1989). Narrative is a natural instrument which facilitates expression of personal meaning. Engaging in storying life clarifies meaning of experience by affording closure (Lashley, 1993).

The present study employed narrative inquiry, a subset of qualitative research designs, to examine hospice patient biographies (N=7) to determine how the process of constructing a biographical account facing death contributes to meaning formation. It has been argued that approaching death disrupts one's personal narrative resulting in loss of meaning. This activity is said to compel reconstruction of one's story in order to restore meaning in life. Lichter, Mooney and Boyd (1993) argued that recounting experiences enables individuals to resolve unfinished business, an important element for promoting closure, which engenders meaning.

Two methods of analysis were adopted: analysis of narrative and storying meaning. Analysis of narrative was based on Polkinghorne's (1995) methods of narrative configuration. Storying meaning was carried out as a means of making sense and showing the significance of thoughts and actions in the context of an unfolding plot.

With analysis of narrative a variety of inquiries were undertaken. This included examining the biographies for narrative typologies. Given the importance of goals in meaning formation, we focused on the plot structure before and after illness to establish the influence this experience had upon goal direction. Narrative devices which contribute to meaning formation were also explored. This included: roles, epiphany, closure, and metaphor. These features were examined for patterns, themes, and regularities across biographies. Considering the detrimental impact death anxiety has upon meaning construction, inquiry also focused on this concept and its association with selected narrative devices.

With storying meaning, knowledge about a particular situation is produced. In this study we concentrated on how meaning is constructed through storying a life facing death. This encompassed searching for processes of meaning-making within the biographies.

Analysis of narrative revealed goal-focused progressive narratives. Storying lives in this coherent fashion enabled meaning to be constructed. Narrative devices assisted in production of a coherent story which promoted closure to storied life. Adoption of these devices also positively reframed the narrator's viewpoint toward this experience, which enabled individuals to make sense of events and happenings in the story. Surprisingly, death anxiety assumed a peripheral concern; it did not feature as a critical issue in meaning construction within these accounts.

Storying meaning revealed processes of meaning-making in these storied accounts. Unfolding of these stories revealed meaningful lives interrupted by adversity, which were then overcome. Prior to the disruption these accounts were replete with sources of personal meaning. Disruption ensued with evidence of loss of meaning. Restoring meaning involved reconstructing one's personal narrative. Analysis revealed evidence of processes of meaning-making within these stories. Methods of meaning formation included: making sense of illness, changing the life scheme, changing one's perception of the event, and methods of self-transcendence. Similar processes have been established in other studies examining meaning construction. These processes were found to promote closure in storied accounts, an important element which facilitates meaning. This finding supports Lichter and associates' (1993) argument regarding the value of narrative, particularly for those facing death where meaning in life has been lost.

Results indicated individuals construct meaning by reconstructing personal narratives in order to make sense of these experiences and integrate these into their storied lives. As Williams (1984) argued it is in this activity of reconstructing one's personal life narrative that illness and its consequences are ascribed meaning in the context of one's life. The value of narrative for those approaching death and those experiencing serious loss is emphasised.

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INTRODUCTION

“Having been is the kind of being, perhaps the surest kind.”
(Frankl, 1965)

The importance of personal meaning in life has been emphasised in the writings of a number of theorists, particularly Victor Frankl. Moreover, they have identified serious repercussions associated with its paucity. Various researchers have found meaning in life to be consistently related to positive health outcomes, while meaninglessness has been associated with pathological results. In particular, considerable empirical work has been devoted to the concept of meaning as it pertains to major life events. Explicitly, investigations into a range of pernicious experiences have highlighted that finding meaning in life's misfortunes may be important in regaining or maintaining mental and physical health. This examination will focus on selective events including major negative life events, illness, the elderly, with a particular emphasis on the terminally-ill.

Meaning in Major Negative Events

Research has demonstrated that individuals often locate meaning and purpose following traumatic events and this has important implications for the way they adjust to these experiences. Many victims of negative events have found meaning by focusing on the positive aspects of their experience rather than on the costs incurred (Thompson, 1985). Similarly, Bulman and Wortman's (1977) study of recently paralysed accident victims, demonstrated locating meaning in this event. Specifically, subjects re-evaluated their situation and concentrated on the positive factors. As Antonovsky's (1987) review of trauma research illustrated, individuals made sense of these events by concentrating on meaningful areas within their life.

Another study that exemplifies this finding is Thompson's (1985) survey of people whose homes were destroyed by fire. She noted more than half of the sample perceived some positive meaning in the experience. Further, five ways of focusing on the positive repercussions of the event were observed. These included: finding side benefits, making social comparisons, imagining worse situations, forgetting the negative, and redefining. Redefining involved rethinking what was desired from the situation; an event was perceived

in a positive manner if one's expectations did not exceed the likely outcome (Rothbaum, Weisz & Snyder, 1982).

In addition, victims have also located meaning in negative life events by establishing purpose in their experience (Thompson & Janigian, 1988). For example, parents who have lost a child may find some meaning in their loss if they perceive their child's treatment contributed to medical knowledge that will help save other children (Chodoff, Friedman & Hamburg, 1964). Other victims of traumatic events frequently felt their experience served some useful purpose, such as improving a marriage (Helmrath & Steinitz, 1978), revealing inner strengths, or heightening an appreciation of life (Mages & Mendelsohn, 1978; Moch, 1989).

More recently, Diehl, Haas and Schaefer's (1994) study examined the importance of meaning for intensive care nursing staff caring for a brain-dead pregnant woman on life support. Meaning was utilised as a way to contend with this experience and was found through recognising a positive purpose, such as: respecting her rights, decreasing painful stimulus, allowing the family to say goodbye, and giving the fetus time to grow.

Empirical research has also illustrated the ability to discover meaning following a traumatic life event is important because it has been established as a significant component of adjustment. To illustrate, Silver, Boon and Stones' (1983) examination of incest victims discovered those who were able to make sense of their victimisation were less psychologically distressed and experienced improved social adjustment. Furthermore, those unable to form a sense of meaning in their experience reported greater intrusive thoughts.

In retrospect, research findings have demonstrated the inherent capacity for locating meaning in life in response to a major life event. These investigations have also indicated that meaning affects the manner in which people adapt to or manage events in their lives.

Meaning in Illness

A number of studies have been conducted which indicate that meaning is constructed in response to illness and influences the manner people respond to these situations (Bulman & Wortman, 1977; Lazarus, 1974; McGuire & Kantor, 1987; Spiritual Care Work Group, 1990; Taylor, 1983). Thompson (1991), for example, found many stroke victims who were able to find meaning in their experience were better adjusted. Furthermore, Thompson and associates (1989) noted that a lack of meaning in life was a predictor of depression in stroke victims, suggesting the importance of personal meaning. Similarly, Nowacek, Anderson, Richards and O'Malley (1986) discovered that the personal meaning of diabetes is an

important element in the daily management of this condition and the psychosocial adjustment to the disease. This finding is more recently reiterated by Nowacek, O'Malley, Anderson and Richards (1990) model of diabetes management which examined the attitudinal element of living with diabetes; self-care behaviours and metabolic control require not only adequate knowledge and skill, but also a positive attitude or a personal meaning toward this experience.

Meaning is especially apparent in serious illness (Fife, 1994), particularly cancer. The search for meaning is documented as particularly prevalent, or intensified among people with recurrent cancer (Cella, Mahon & Donovan, 1990). When an illness of this nature occurs it undermines the routines of daily life and the taken-for-granted assumptions about health that sustain individuals, severing one's sense of predicability and control, and fostering a search for meaning (Becker, 1994).

In addition, the diagnosis of cancer can be particularly threatening as it is associated with fear of pain and death due to the disease and debilitating or disfiguring treatment (Levin, Cleeland & Dar, 1985). Patients also encounter a series of inevitable losses (Frampton, 1989), not only physical health and functional status, but social roles and the activities that contribute to a sense of self-worth, well-being and meaning (Block & Billing, 1994). Further, given the chronicity/acuteness and severity of symptoms are related to psychological outcomes, this is a highly salient topic for cancer sufferers (Chrisman, 1990; Meyer, 1985).

Cancer studies have illustrated both the positive aspects associated with meaning and the detrimental impact resulting from meaning that is vague. To demonstrate, Thompson and Pitts' (1993) chronic cancer study indicated that greater meaningfulness was associated with optimism, fewer irrational beliefs and endorsement of internal goals, even when physical functioning and depression were controlled for. Taylor, Lichtman and associates (1984) documented those who were able to place the experience of a breast cancer diagnosis into a meaningful context adjusted well. More recently, Taylor's (1993) examination of individuals with recurrent cancer discovered an unclear sense of meaning was affiliated with poor adjustment to illness. Interestingly, a sense of meaning was not related to whether a search for meaning was reported, advocating Frankl's position that this experience is an unconscious one.

Acklin and associates (1983) observed a negative correlation between sense of meaning and despair, anger or hostility, and social isolation in cancer patients. Maddi (1967) also claimed the latter proposing that individuals suffering from "existential neurosis" experience alienation from self and society. Boszormenyi-Nagy and Spark (1973) posit that

human beings experience an existential void if they cannot establish meaningful connections with others in order to deal with the basic anxiety of living.

Given the importance of meaning, consideration of its deficiency is also warranted. Yalom's (1980) review of research examining the concept of life meaning concluded a lack of meaning was associated with psychopathology. Moreover, empirical research has exemplified that an inability to locate meaning is affiliated with a variety of clinical phenomena.

Frankl (1978) hypothesised that addiction could be the direct result of a deficit of meaning in one's life: "*Addiction is at least partially to be traced back to the feeling of meaninglessness*" (p. 26). By way of illustration, Newcomb and Harlow (1986) demonstrated that perceived loss of control and meaninglessness in life mediated the relation between uncontrollable stress and substance abuse. Similar findings were noted by Hutzell and Peterson (1966), Klinger (1977) and Padelford (1974). More recently, Nicholson and associates (1994) discovered that drug-abusing subjects exhibited significantly lower levels of meaning in life. Various researchers have also connected alcoholism with loss of meaning in life (Crumbaugh & Carr, 1979; Jacobson, Ritter & Mueller, 1977; Newcomb & Harlow, 1986).

Harlow and associates (1986) also present a pertinent example of the impact of meaning deficiency. Their study revealed that meaninglessness mediated suicide ideation for men. This was also recorded in earlier studies by Lifton (1979) and Linehan, Goldstein, Nielsen, and Chiles and associates (1983) who demonstrated a relationship between loss of meaning and suicidal behaviour. Finally, Reed (1989) found a lack of self-transcendence was identified as one of the major precipitants of psychiatric hospitalisation by patients who had been admitted for treatment of depression.

There appears to be an innate tendency to locate meaning when confronted with illness. The meaning attached to serious illness has a profound impact on one's emotional status, adjustment to illness, and ultimately on the quality of their lives (Fife, 1994). Moreover, research has connected meaninglessness with negative outcomes and clinical psychopathological conditions. Therefore, the manner in which individuals choose to construct the meaning of serious illness has a significant bearing on their well-being (Steeves, 1992).

Meaning for the Elderly

Various empirical studies have emphasised the importance of meaning in life for the elderly. Researchers believe this group are especially threatened by loss of meaning because of the many changes and losses they may be exposed to in later life (Klinger, 1977; Lukas, 1972; Moloney, 1995; Peterson, 1985). However, as Haase (1987) has documented, older age per se is not essential for meaning-making; this study examined chronically-ill adolescents and discovered search for meaning may be stimulated by a pivotal event or crisis at any age.

Meaning in life has been proposed to be intimately linked to the elderly's health. The presence of meaning in life has been positively documented in elderly populations. For example, Zika and Chamberlain's (1992) study demonstrated that meaning in life exhibited a stronger association with positive than with negative psychological well-being dimensions in elderly subjects. More recently, Reker's (1994) study which examined life event stresses in a healthy elderly population, established personal meaning functioned as a stress buffer for psychological well-being but not for physical health. However, Butler's (1988) elderly study indicated that personal meaning also moderates the effects of stress on physical health. Perhaps this inconsistency is due to the participants' high standard of health in the former study masking the impact that loss of meaning has upon physical health. Similarly, Reker, Peacock and Wong's (1987) examination of meaning and well-being associated with aging revealed a strong positive correlation between life purpose and measures of well-being. Baum (1981) and Findlay (1981) also found a significant relationship between purpose in life and physical health status among older persons. This highlights meaning's utility for the psychological and physical well-being of the elderly.

In addition, nursing authors have explored the association between self-transcendence and well-being in the elderly. Reed (1989b) discovered that the presence of self-transcendent views and behaviour was associated with emotional well-being. More recently, Reed (1991) found an absence of depression was connected with transcendent views and behaviours in healthy elderly. Specifically, she found this group nurtured their well-being and mental health by expanding self-boundaries: they used inner reflection, accepted physical limitations, and invested in purposes beyond the self as primary practices of self-transcendence. Particular examples included: sharing one's wisdom or experience with others and accepting death as part of life.

Conversely, a variety of investigations have demonstrated the negative repercussions loss of meaning may have upon their health and well-being. For example, Fisk's (1978)

study established loss of meaning was associated with decline in both mental and physical health status in the elderly. Fisk (1980) also found elderly subjects who had lost meaning in life displayed great difficulty adjusting to the environment of the retirement home. Moreover, Fisk discovered depression, anxiety, and somatisation were associated with loss of meaning, a finding maintained by Crumbaugh (1981) who recorded that loss of meaning was positively related to depression in elderly subjects.

Clearly, the presence of meaning in life has an extensive influence on both the physical and psychological well-being of the elderly. Research has also demonstrated that personal meaning may play a “dual” health-promoting and health-enhancing role in this particular group (Reker, 1994).

Meaning for the Terminally-ill

As meaning is important in the areas of major negative life events, illness and the elderly, focusing on the terminally-ill presumably combines all these previous facets into one particular area. However, it is important to note that not all terminal patients are elderly, but demographically the majority fit within this category.

Explicitly, the postulated life-enhancing properties of discovering meaning or purpose in life make this an especially critical issue for the dying. As Frankl (1969) described, this group often display an “existential frustration”, a psychopathological condition created by the perception that an ultimate meaning to one’s existence is lacking or has been lost. Empirical oncology research has highlighted the detrimental implications paucity of meaning has upon patient health and well-being. For example, Sham and Wee’s (1994) hospice study found those unable to find meaning in the final days of their life, felt worthless and hopeless accompanied by expressions of self-pity. Furthermore, Saunders and Baines (1983) point out that feelings of hopelessness and helplessness have been shown to have adverse effects upon one’s condition. More recently, Baines (1990) noted emotional and social problems frequently exacerbate symptoms. Hence, this frustration is likely to aggravate pre-existing conditions and lessen the quality of life remaining.

In contrast, various investigations have demonstrated the positive impact meaning has upon patient health. For example, Lewis’ (1982) study on late-stage cancer patients discovered those who perceived their world to have meaning and purpose displayed higher self-esteem, were less anxious and more internally oriented concerning their health. This finding has been confirmed more recently by Lewis (1989) who noted the extent to which advanced cancer patients attributed meaning to their situation was a significant predictor of both higher self-esteem and lower anxiety.

Interestingly, the importance of meaning is also often evident in the accounts of hospice patients and their families who describe transcendent experiences: "*experiences of the whole person that brought them in touch with something that they considered to be greater than, or outside of themselves.*" (Steeves & Kahn, 1987, p. 115). Many patients feel this is a significant part of the cancer experience (Coward, 1990; Steeves, 1992; Taylor, 1993) which helps relieve their suffering. This has been supported by hospice nurses who observed those who recounted these types of experiences managed their suffering more successfully (Steeves, 1992).

Moreover, given self-transcendent activity has been associated with increased self-esteem and well-being, this is evidently an important component for the terminally-ill (Steeves & Kahn, 1987). For example, Coward's (1990) study examining women with terminal breast cancer illustrated that self-transcendent experiences were related to increased feelings of self-worth and purpose in life. Explicitly, they recalled reaching out and helping other women with breast cancer, while also being receptive to assistance from others, and accepting circumstances they could not change. A second study using the same population revealed a strong correlation between cognitive and affective well-being and self-transcendence (Coward, 1991). Moch's (1990) terminal breast cancer study also highlighted self-transcendent activities; women noted increased richness of relatedness through expressions of caring, needing to comfort others and feeling closeness to others. More recently, Coward's (1994) AIDS study espoused these findings: emotional well-being was affiliated with finding meaning. Participants described gaining increased self-understanding and connectedness with others, which assisted in locating meaning within the context of their illness. This was achieved by helping others with AIDS, for example, support groups and volunteer education activities (Coward, 1995; Coward & Lewis, 1993). Furthermore, they reported increased quality in their lives through reaching out to others prior to their death in order to make a difference in the world.

Interestingly, Reed's assumption that self-transcendence is related to emotional well-being was supported by the participants' expressions of increased self-worth, inner strength, and joy from their broadened views and behaviours (Coward, 1994).

Specifically, for those diagnosed with cancer, the act of searching for and finding meaning is thought to have an adaptive purpose in that it assists individuals to regain a sense of mastery and well-being over an otherwise chaotic and disordered environment (Bard, 1977). To illustrate, hospice patients who gave meaning or purpose to their situation perceived they had control in their lives (Lewis, Haberman & Wallhagen, 1986). Lewis (1989) also found that a clear sense of meaning in advanced cancer patients was positively

correlated with a sense of personal (versus external) control. Hence, this suggests that derived meaning is a form of cognitive control that protects one's self-concept.

Furthermore, literature infers a positive search for meaning exerts a causal influence upon one's adjustment to this illness (Thompson, 1991). Construction of positive meaning is associated with an ability to continue to obtain pleasure and satisfaction from living (Mechanic, 1977; O'Connor, Wicker & Germino, 1990). This may account for the resolve and acceptance observed in some patients experiencing late-stage disease (Lewis, 1989). In addition, Barkwell's (1991) terminal cancer study illustrated that individuals who ascribed a positive meaning to their pain - seeing it as a challenge, demonstrated lower levels of depression and greater management of pain. Similarly, Weisman and Worden (1976) suggested cancer patients who were able to find something favourable in their illness were least distressed by their condition. Presumably not all individuals construct positive meaning from their cancer experience, but when they do better adjustment is predicted (Taylor, 1983).

In sum, it is indubitable that the construction of meaning is a central aspect of adaptation to terminal illness (Cantor, 1978; Simonton, Matthews-Simonton & Creighton, 1978; Siegel, 1990, 1986). Self-transcendence has been strongly correlated with perceived illness distress and both cognitive and affective well-being, a finding that further supports the emerging value of this construct (Coward, 1991).

Death anxiety and well-being are significant issues within the purview of terminal illness. Both contribute to quality of life and are simultaneously influenced by personal meaning. Examination of these factors therefore appears important.

Death Anxiety

*"A fear of a very inexplicable unknown, the fear of something which can never be known."
(Paul Tillich, p.7, cited in Barker, 1968)*

Confronting mortality not only installs a proclivity to search for meaning but can also create death anxiety (Carter, 1993). Anxiety about death is a basic human concern which is putatively heightened for those facing death (Rappaport, Fossler, Boss & Gilden, 1993; Sham, 1994), evidenced in oncology literature. For example, Carter's (1993) study of long-term cancer survivors found encountering mortality created high levels of anxiety. Samarel, Fawcett and Tulman (1997) also discovered treatment for early-stage breast cancer subjects experienced emotional responses such as death anxiety, depression and confusion.

The occurrence of distress is found to originate from the patient's realisation that death is more imminent than previously thought (Taylor, 1993). Further, it is proposed this

arises from the uncertainty and fear surrounding the process of dying and how it will be handled (Block & Billings, 1994). For example, Revenson and associates (1983) noted many of the stresses reported by cancer patients involved issues of existential plight, including uncertainty about the future, anxiety about death and disability. More recently, Carter (1993), Sham and Wee (1994) found most informants were not afraid of death per se, but of experiencing a lingering death and being a burden to others. Kahn and Steeves (1995) also notes that individuals are often afraid of leaving significant others, concerned about how they will manage.

Approaching death, according to Erikson (1963) compels individuals to face the developmental crisis of integrity versus despair, and to prepare for the inevitable end. This triggers the life review process in which the individual re-evaluates the past and attempts to integrate their entire life into a meaningful whole (Butler, 1963; Frampton, 1989). As Lifton (1964) stated candidly: "*death is a test of the meaning of life, of the symbolic integrity - the cohesion and significance - of the life one has been living*" (p. 204). A positive resolution involves a sense of fulfilment, peace, and integrity, rather than a sense of failure, horror, and despair. Carter's (1993) subjects came to terms with their experience through acceptance and integration. However, integrity is not always achieved; when past conflicts remain unresolved and disagreements unreconciled, personal meaning and death acceptance may be difficult to achieve (Erikson, 1963).

Adjunct to this claim, is that fear of death originates from the failure to locate personal meaning in one's life and death (Neimeyer, 1994; Preble, 1992). As Butler (1975) proposed, it is not so much the awareness of our finitude, as our failure to lead meaningful lives which creates death anxiety. Consequently, individuals who perceive their lives as fulfilling and meaningful should display less death fear and more death acceptance (Lewis & Butler, 1974). For example, Quinn and Reznikoff (1985) reported that elderly individuals who lacked a sense of purpose and direction in their lives reported high levels of death anxiety. Similarly, Rappaport and associates (1993) demonstrated that life purpose and death anxiety were inversely related among their elderly population. Durlak (1973) also found a significant negative correlation between purpose in life and fear of death among retirement home residents. Finally, Robinson and Wood (1984) revealed an important relationship between locating meaning in life and death and an accepting orientation toward death: higher levels of discovered meaning were associated with reduced death anxiety and fear of death.

In addition, studies examining the relationship between life review and death attitudes buttress this view. To demonstrate, Flint (1983) found a notable correlation between subjective satisfaction with one's past life and death acceptance. Furthermore, Wong and

Watt (1991) indicated that seniors who revealed integrity in their reminiscence were more likely to be healthier and happier than those who did not. Hence, death may not be so threatening to those who see the fundamental meaning of their lives unaffected by it.

Importantly, Wong and associates' (1994) study noted many middle-aged and older adults (47-90 years) avoided thoughts of death, which may prevent individuals from dealing with thoughts and feelings of death, resulting in psychological discomfort. Moreover, this study illustrated high positive correlations between neutral acceptance of death and well-being and depression. Relatedly, Neimeyer's (1994) aging studies revealed that fear of death and death avoidance were associated with psychological distress and depression. This is especially significant for those nearing death who are experiencing painful physical symptoms, such as the terminally ill. As Baines (1990) points out this can result in anxiety and insomnia, exacerbating physical pain, and reducing one's quality of life. Therefore, death acceptance is an adaptive attitude for those approaching death.

In sum, there is substantial evidence that death acceptance and death fear are related to the pursuit of personal meaning (Neimeyer, 1994). Explicitly, whether one fears or accepts death is influenced by an ability to locate personal meaning in life. Alternatively, research also indicates that death anxiety may be an obstacle to achieving meaning; acceptance of death may facilitate purpose in life or, explicit meaning and purpose may facilitate death acceptance (Amenta, 1984). Presumably, those who have not resolved fear of death will have an unclear meaning in life. Regardless, for those approaching death, meaning or purpose in life should not be considered independently from the awareness of death (Rappaport et al., 1993). Furthermore, death acceptance has been associated with well-being, a valuable component for one's quality of life.

Well-Being

This concept is a significant issue for the terminally-ill, as evincéd in palliative care literature. Given the aim is no longer cure but the chance of living to one's full potential in physical ease and activity, promotion of an individual's health is essential to facilitate effective personal use of one's remaining time (Saunders & Baines, 1983; Varrichio, 1990).

Moreover, well-being has been associated with meaning. As previously mentioned, Fisk (1980) found depression, anxiety, and somatisation accompanied loss of meaning. Importantly, she speculated that it was the deficit of meaning which lead to physical and mental health decline and not the reverse. This finding is recently buttressed by Frankl (1992) who posits depression is a consequence of existential vacuum. Furthermore, the association

between clinical phenomena such as anxiety, depression, and suicide, with lack of meaning in life has been empirically validated (Carlsen, 1988).

For example, Zika and Chamberlain (1987) reported meaning in life to be a strong and consistent predictor of psychological well-being. The meaning constructed around illness has been demonstrated to have an impact on psychosocial well-being. For example, Lashley (1993) believed terminal patients may experience despair and hopelessness as a result of meaning deficiency. Furthermore, such elements may even be responsible for the development or exacerbation of physical symptoms (Lichter, 1991). Therefore the loss of meaning is likely to result in despair and reluctance to undertake endeavours which might lighten the burden of illness and improve the quality of life remaining (Lichter, 1991; Lichter, Mooney & Boyd, 1993).

In addition, unfinished business is a notable cause of distress for the terminally ill (Frampton, 1989; Lichter, 1991). Zerwekh (1993) points out this may keep an individual from giving up, instead fighting against death until their personal affairs have been resolved. Moreover, Lewis (1989) suggested that the method in which patients utilised the time remaining may be more important for adjusting to terminal illness than duration with the disease duration. Hence, it appears vital that unfinished business is resolved to facilitate productive use of this time.

Given the quality of patient life and their manner of dying are equally influenced by psychological and emotional factors as by their physical condition (Barkwell, 1991; Lewis, 1989; Lipowski, 1985; Steeves, 1992), this has particular importance for the terminally ill. Accordingly, the presence of meaning and purpose in one's life may contribute positively by mitigating death anxiety, improving the quality of life remaining and most importantly, fostering a tranquil and peaceful death (Cohen & Mount, 1992; Lichter et al., 1993).